

Mail to:  
Department of Natural Resources  
Fishing License Waiver - CS/1  
PO Box 7924  
Madison, WI 53707-7924

**One-Day Fishing License Waiver  
Developmentally Disabled Group Application / License**  
Form 9400-562 (R 6/09)

**Fee: \$25.00**

**Mail to:** DNR Bureau of Customer Service & Licensing  
Box 7924  
Madison, WI 53707

*Allow at least 7 days for the Department to review your request.*

**Notice:** Information requested on this form is required by the Department for any application filed pursuant to ss. 29.193, Wis. Stats. The Department will not consider your application unless you complete and submit this application form. Personal information provided may be used to determine identity of the bearer, eligibility for approvals, and participation in natural resources surveys. Information may be made available to requesters as required under Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.].

s. 29.193(5)(b), Wis. Stats. GROUP FISHING LICENSE FOR THE DEVELOPMENTALLY DISABLED. The department shall issue one-day group fishing licenses to groups consisting of individuals with developmental disabilities and their caregivers. Not more than 12 individuals may fish under the privilege conferred by each license. Fee \$25 per s. 29.563(3)(a)7m.

s. 51.01(5)(a) "Developmental Disability" means a disability attributable to brain injury, cerebral palsy, epilepsy, autism, Prader-Willi syndrome, mental retardation or requiring treatment similar to that required for mental retardation, which has continued or can be expected to continue indefinitely and constitutes a substantial handicap to the afflicted individual. "Developmental disability" does not include senility which is primarily caused by the process of aging or the infirmities of aging.

**Organization Information**

Organization Name		Contact Name	
Street Address		Telephone Number	
City	State	ZIP Code	

**Participants**

Not more than **12 individuals including the caregivers**, may fish under the privilege of this license. List the names of the developmentally disabled and caregivers below.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Event Information**

Event Date	Body of Water (Lake or River Name) Where Event is Taking Place	County Where Event is Taking Place
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**Certification**

I certify that the information provided is true and correct and these persons comply with all the laws regulating the issuance of this license.

Applicant Name	Telephone Number
Applicant Signature	Date Signed

**For DNR Use Only - DNR REPLY**

- Your group meets the requirements for the event date. Carry this approval form with you on the day of your fishing event.
- A copy of this waiver will be sent to the warden in the county that is indicated above.

Customer Service and Licensing Signature	Date Signed
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